

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **THE 60 PLUS ASSOCIATION**(b) Address (number and street) ☐ check if different than previously reported
515 KING STREET, SUITE 315(c) City, State and ZIP Code
ALEXANDRIA

VA 22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001671**3. Is This Statement**☐ **New**

or

☒ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y
04 / 09 / 2014

through

M M M / D D D / Y Y Y Y Y
04 / 10 / 2014**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y
04 / 09 / 2014(b) Communication Title Take Over**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Amy Frederick

(b) Address (number and street)

515 King Street
Suite 315

(c) City, State and ZIP Code

Alexandria

VA 22314

(d) Name of Employer or Principal Place of Business

The 60 Plus Association

(e) Occupation

President

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

206835.32

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Amy Frederick

SIGNATURE

Amy Frederick

[Electronically Filed]

DATE

06/10/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control**A.** (a) Name Transaction ID : F91.000001

Amy Frederick

(b) Address (number and street) 515 King Street
Suite 313

(c) City, State and ZIP Code

Alexandria

VA 22314

(d) Name of Employer or Principal Place of Business
The 60 Plus Association(e) Occupation
President**B.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services <hr/> Mailing Address of Payee 600 Fairmount Ave <hr/> City State Zip Code Towson MD 21286 <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Media Production and Placement of 'Take Over'				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 04 / 09 / 2014 </div> Amount <div style="border: 1px solid black; padding: 2px;"> 206835.32 </div> Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 04 / 09 / 2014 </div>	
Transaction ID : F94.000002 Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>NC</u> Kay Hagan <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President				Disbursement/Obligation For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee <hr/> Mailing Address of Payee <hr/> City State Zip Code <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s))				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div> Amount <div style="border: 1px solid black; padding: 2px;"> </div> Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px;"> 206835.32 </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px;"> 206835.32 </div>